

singing. A more attentive examination of the larynx showed that the vocal bands were not at the same level. Dr. Mendoza proposed the question whether in case a similar condition should occur in a professional singer the indication would be to operate a second time in order to attempt to place the divided parts in exact juxtaposition, and thus restore the normal plane of the deviated vocal band. No comments upon this question accompany the report.

Laryngectomy for Carcinoma.—PROF. E. FLETCHER INGALS, of Chicago, read an article on laryngectomy for carcinoma at a recent meeting of the American Medical Association (*Journal of American Medical Association*, March 7, 1903), in which he reproduced the clinical remarks made by the late Prof. Fenger, who performed the laryngectomy, the last operation of his life's work. This lecture presents an excellent concise summary on the subject of laryngectomy. As far as regards the case operated upon, recovery was uneventful.

Sarcoma of the Pharynx.—An additional case of failure of the Röntgen rays in a case of sarcoma of the pharynx has been reported by DR. HENRY PERKINS MOSELEY (*American Medicine*, January 31, 1903) among a series of twelve cases of malignant disease thus treated.

Foreign Bodies in the Oesophagus.—DR. R. J. WARD, of East Barrington, N. H., reports (*American Medicine*, February 7, 1903) a case in which he removed a fish-bone, one inch in length, from the oesophagus by making the patient swallow a snarl of ordinary grocer's twine, which was then withdrawn, entangling the foreign body.

OTOLOGY.

UNDER THE CHARGE OF

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Diseases of the Ear and Life Insurance.—BURGER (*Klinische Vorträge aus dem Gebiete der Otologie*, etc., Band v., Heft 4) believes that the condition of the ears is not given sufficient attention by the insurance companies in accepting applications for life insurance. The ordinary examiner is unable to determine properly the risk on an applicant with an ear affection.

An applicant with acute inflammation of the outer or middle ear should not be accepted until after the complete cessation of the affection. The

severer cases of chronic external otitis—*c. g.*, those where the seat of the trouble is in the depths of the canal or affecting the membrana tympani, should be under observation for a time before being accepted. The different forms of chronic catarrhal affections of the middle ear are to be regarded as harmless from the standpoint of life insurance.

The greatest interest attaches to the cases of chronic suppurative disease of the middle ear. Statistics in regard to the relative frequency of a lethal outcome in such cases are, up to the present time, of little value on account of their incompleteness. But Burger concludes that an applicant for life insurance should unquestionably be refused insurance when it has been determined that he has chronic suppurative otitis media with any of the following conditions present:

- (a) An inflammation in the attic or mastoid;
- (b) Tuberculosis or cholesteatoma formation;
- (c) Encroachment of the process on the bone;
- (d) Facial paralysis, or when

(e) The otitis is accompanied by vertigo, or lateral headache, or when to the otitis is added the complication of a considerable narrowing of the external canal, which interferes with the free discharge from the ear. Other cases of chronic suppurative disease of the middle ear should not always be refused insurance, but, under the control of an examination by an ear specialist, be accepted with some increase in the premium.

Cases of healed suppurative disease should be accepted; only those with persistent perforation of the membrane should require a slight increase in the premium. Cases cured by "radical operation" should be taken, with the exception of those with large retro-auricular openings, at an increased premium. Binaural deafness of a high grade and cases of ear diseases of any kind, with vertigo, should be accepted with increased premium because of danger from accident on the streets, etc.—W. A. L.

Pathological Histology of the Labyrinth.—ALEXANDER (*Archiv f. Ohrenheilkunde*, Band lvi., Heft 1 und 2). This latest contribution of Alexander to the pathological histology of the internal ear rests upon the examination of the material obtained from a man aged sixty-six years, who died from the immediate effects of operation for carcinoma of the tongue. No exact test of the man's hearing was obtained, but it was determined that he had double-sided deafness, hearing a whisper 5 m. and a conversational tone 3 m. Post-mortem examination showed chronic arterio-sclerosis. Alexander obtained both organs of hearing and medulla oblongata eight hours post-mortem. Macroscopic examination showed nothing abnormal in the appearance of the middle or outer ear or the medulla.

Microscopic examination of the prepared temporal bone showed nothing abnormal in the region of the oval or round window. Nothing abnormal was found in the perilymphatic space. In the membranous labyrinth the pars superior was normal, as also the macula sacculi, the ductus reunions, and the blind ending of the cochlear canal of the pars inferior.

Important pathological changes, however, were met with in the epithelium of the ductus cochlearis, and these were evident in various situations. The neuro-epithelium of the papilla basilaris was, in places, entirely replaced by